

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-876)

FILE NO. **10/516392**

CLAIMS

AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						1					
2						2					
3						3					
4						4					
5						5					
6						6					
7						7					
8						8					
9						9					
10						10					
11						11					
12						12					
13						13					
14						14					
15						15					
16						16					
17						17					
18						18					
19						19					
20						20					
21						21					
22						22					
23						23					
24						24					
25						25					
26						26					
27						27					
28						28					
29						29					
30						30					
31						31					
32						32					
33						33					
34						34					
35						35					
36						36					
37						37					
38						38					
39						39					
40						40					
41						41					
42						42					
43						43					
44						44					
45						45					
46						46					
47						47					
48						48					
49						49					
50						50					
TOTAL IND.						TOTAL IND.					
TOTAL DEP.	21					TOTAL DEP.					
TOTAL CLAIMS	22					TOTAL CLAIMS					